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Zero to age 21: Information
Promoting Success for Nurses
working with Kansas Kids

AUGUST 2004



Soy-Based Formulas

by Sandy Perkins,
MS, RD/LD

Soy-based formulas were developed in the late 1920s for infants intolerant to cow-milk proteins. The first soy-based formulas were made with soy flour and were not well accepted by parents, who complained of loose, malodorous stools, diaper rash, and stained clothing. In the mid-1960s isolated soy protein formulas were introduced. These formulas were much more like milk-based formulas in appearance and acceptance. However, the preparation of isolated soy protein resulted in the elimination of most of the vitamin K in the soy, and a few cases of vitamin K deficiency were reported. Concerns about the occurrence of nutrient deficiencies in infants fed milk-free formulas played an important role in the development of federal regulations on the nutrient content of formulas.

All soy-based formulas on the market today are cow-milk free and lactose-free. The protein source is a soy isolate supplemented to provide all essential amino acids. The total protein is slightly higher than milk-based formulas, because the quality of soy protein does not match the quality of cow milk protein. The fat source is primarily a blend of vegetable oils and is similar to the blend in milk-based formulas. The carbohydrate sources vary, and may include sucrose, corn starch, corn syrup, and glucose polymers.

In the past decade, the use of soy protein-based formula has greatly increased and now makes up approximately 25 percent of the US market. The American Academy of

Pediatrics (AAP), Committee on Nutrition has published recommendations on the appropriate use of soy-based formulas. AAP states that isolated soy protein-based formulas are safe and effective alternatives to human milk or milk-based formulas for healthy, full-term infants but that soy-based formulas are not recommended for preterm infants who weigh <1800 g.

Soy formulas are recommended for infants with lactase deficiency or galactosemia. Some infants who have a reaction to cow milk proteins do well when fed soy formulas. These formulas have a similar taste to cow milk and cost less than many protein hydrolysate formulas. However, infants allergic to cow milk protein are frequently also sensitive to the soy protein. Intolerances to cow milk-based formulas, such as colic, loose stools, spitting up, or vomiting, are mostly unrelated to the feeding. Occasionally, some infants respond positively to soy formulas for reasons not totally understood. Soy formulas are an appropriate choice for vegetarians.

The most common soy-based formulas on the market are Prosobee, Isomil, and Good Start Essentials Soy. Store brands of soy-based formulas are distributed by Dillons, Food 4 Less, HyVee, Osco, Save-A-Lot, Walgreens, Wal-Mart, and Target. The store brands must meet the same basic nutritional guidelines as the name brands. Soy-based infant formulas with the additional nutrients DHA (docosahexaenoic acid) and ARA (arachidonic acid) added have recently shown up on the market. The most common DHA and ARA enhanced soy-based formulas are Prosobee LIPIL and Isomil Advance. The store brands of DHA and ARA enhanced soy-based formulas are not yet readily available.

Next issue, products for infants with special dietary needs.

Welcome to ZIPS: **Zero to Age 21: Information Promoting Success for Nurses working with Kansas Kids.** We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback, and suggestions. Also, note that previous months' issues of the ZIPS can be found at: <http://www.kdhe.state.ks.us/c-f/zips/>

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Zip's: Perinatal Health

Reputation is what other people know about you. Honor is what you know about yourself.

Lois McMaster Bujold



The theme for World Breastfeeding Week (WBW) 2004 chosen by the World Alliance for Breastfeeding Action (WABA) is **Exclusive Breastfeeding: The**

Gold Standard – Safe, Sound and

Sustainable. WBW 2004 will be celebrated from August 1 – 7. This year's theme will focus on getting people worldwide to understand the importance of exclusive breastfeeding. Local Health Departments and WIC clinics will be celebrating WBW during the month with a variety of activities.

Exclusive breastfeeding for six months means that the infant receives only breast milk, from his or her mother or a wet nurse, or expressed breast milk, and no other foods or drinks with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines during this time.

Breast milk provides protection from infections by sharing the mother's immunities with the baby, until the baby has a chance to build up an immune system. According to the U.S. Department of Health & Human Services' Office on Women's Health, breast milk contains more than 200 infection-fighting agents that cannot be replicated.

Studies show that babies who aren't breastfed exclusively for the first six months are more likely to develop asthma, allergies, and obesity in childhood. They are also more likely to suffer more colds, flu, ear infections, and other respiratory illnesses, and make more visits to the doctor.

Breastfeeding saves times and money. Families do not have to purchase, measure, and mix formula, and there are no bottles to warm in the middle of the night. Breastfeeding also helps a mother bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm and comforted.

For additional information look at the following Web sites <http://www.waba.org>

<http://www.waba.org> and <http://www.4woman.gov>.

Addressing the Issue of Perinatal



Domestic Violence: This is a synopsis of ideas presented at a MCHB/DPSWH webcast on May 12 regarding the timely issue of increasing program capacity in addressing perinatal domestic violence. Since the MCHB administers the Title V grant as well as the Healthy Start program, this topic has a significant impact on the services for pregnant women and for screening and intervening for domestic violence.

Many programs that do assess for domestic violence only assess for physical violence thus limiting their view of reality of pregnant women who are abused. Other dimensions to assess for are those of sexual and emotional assault. Therefore, with what we should already know about the great impact that both sexual violence and emotional violence have upon various aspects of health (e.g., STD's, depression incidence, etc.), these factors need to be taken into account when assessing pregnant women.

Another major area of concern is the opportunity to influence school curricula as early as the elementary school level where statistics indicate that 25 percent of 8th and 9th-grade students report having suffered dating violence and 20 percent of high school students report sexual violence from a dating partner. Our instructional curricula regarding establishing healthy relationships is sadly lacking for our children within many school systems. Therein lies the opportunity and challenge of providing age-appropriate, gender-appropriate and accurate information to our children in order for them to be able to make informed decisions for what constitutes a healthy relationship.

A very good point during the webcast concerns the concept of non-compliance from the viewpoint of the healthcare provider. Often healthcare providers get caught up in the blame game with the people whom we serve when they do not show up for appointments or seemingly ignore our best efforts at straightening their lives out. What we should realize, however, is these women have been so

beaten down in many different ways that for them an unhealthy habit such as cigarette smoking or substance abuse is a form of coping mechanism well ingrained before their pregnancy.

Therefore, this makes it doubly difficult to reach and help them to want to begin their behavior in order to achieve the best possible pregnancy outcome. Underlying causes of these behaviors should be identified and approached in a delicate and respectful manner with referrals to appropriate wrap-around services.

For additional information regarding this article go to: <http://www.mchb.com> and then click on Increasing Your Program's Capacity to Address Perinatal Domestic Violence which is presently located under Recent Events. In addition, the Web site for ending abuse is listed as another resource for interested persons. Go to: <http://www.endabuse.org> or you can call with questions to 1-800-RX abuse (1-800-792-2873).

Babies Were Born to be Breastfed.

In the United States, where we have one of the highest standards of living in the world, people do not seem to be aware of the risks associated with not breastfeeding infants. The breastfeeding initiation rates are up, but the six month maintenance rates are very low. As a result, the Department of Health and Human Services and the National Ad Council have partnered in the Babies Were Born to be Breastfed Campaign to help increase of awareness of the risks of disease associated with not breastfeeding infants. On the <http://www.4woman.gov> Web site, you can click on the section which refers to the Babies Were Born to be Breastfed Campaign. At this point, one can peruse the newest public service announcements for television, radio and various print media that have been developed so far. And, if interested, you can click on other previous successful Ad Council public health campaigns.



PEDIATRICS[®] The June

2004 Pediatrics supplement reports results of **The National Survey of Early Childhood Health** (NSECH), a survey of parents of infants and toddlers. The NSECH was developed by the American Academy of Pediatrics and the UCLA Center for Healthier Children, Families and Communities to address gaps in information about the content, process, and quality of health supervision for young children, particularly from the perspective of parents. The supplement is available to subscribers at <http://pediatrics.aappublications.org/current.shtml#SUPPLS1>. American Academy of Pediatrics. 2004. Content and quality of health care for young children: Results from the 2000 National Survey of Early Childhood Health. Pediatrics 113(6, Suppl.):1895-1990.

"The findings support the validity of the PFC [**Preschool Feelings Checklist**] as a screening measure for the identification of young children in need of clinical assessment for depression," state the authors of an article published in the June 2004 issue of the Journal of the American Academy of Child and Adolescent Psychiatry. The authors point out that evidence is now available demonstrating that children as young as age three can experience a clinically significant episode of major depressive disorder (MDD) and that this highlights the need for a validated brief and feasible screening tool to capture young children from the general population who are in need of a clinical evaluation. In the study described in this article, the authors sought to develop and test the criterion validity of a very brief checklist specifically designed to identify MDD in young children in community settings. The authors found that:

- ✎ There were significant correlations between the PFC and the diagnosis of MDD.
- ✎ The PFC demonstrated excellent internal consistency.
- ✎ Summary scores on the PFC significantly differentiated depressed

- ✎ young children from those with other nonaffective psychiatric disorders.
- ✎ The PFC was characterized by a cutoff point that maintained a high level of sensitivity and specificity for the diagnosis of MDD.
- ✎ The sensitivity and specificity characteristics of the 16-item PFC for the identification of young children at high risk for diagnosis of MDD were superior to these characteristics of the Child Behavior Checklist, a well-validated and widely used dimensional measure designed to capture a wide range of childhood psychopathology.

The authors conclude that the checklist "appears to have unique utility as a measure to capture preschoolers in need of clinical evaluation for depression from large primary care and/or community samples." Luby JL, Heffelfinger A, Koenig-McNaught AL, et al. 2004. The Preschool Feelings Checklist: A brief and sensitive screening measure for depression in young children. Journal of the American Academy of Child and Adolescent Psychiatry 43(6):708-717.

The **Powerful Bones, Powerful Girls** campaign promotes optimal bone health in girls ages 9-12 in an effort to reduce their risk of developing osteoporosis later in life. The campaign Web site for parents, which is part of the National Bone Health Campaign, offers suggestions on ways parents can integrate healthy behaviors into their daughter's social lifestyles. The Web site provides information on calcium and physical activity, and also includes the Powerful Bones Toolbox. The toolbox contains recipes and shopping lists, explanations of nutritional requirements, examples of weight-bearing physical activities, and question-and-answer sections providing parents with an array of resources. For more information visit: <http://www.cdc.gov/powerfulbones/parents/index.html>

Maternal Employment and Children's Nutrition presents findings from a study designed to explore the **effects of mothers' work on their children's nutrition**. The



study, funded by the U.S. Department of Agriculture's (USDA's) Economic Research Service, analyzed differences in nutrition and nutrition-related outcomes among children whose mothers work full time, part time, and not at all. The findings are presented in two volumes. The first volume includes an analysis of the role the USDA's Child and Adult Care Food Program plays in meeting the nutrition needs of participating children, especially those whose mothers work. The second volume includes information on food program participation, children's eating patterns, household food acquisition and sufficiency, and children's physical activity and risk of overweight. For more information visit: <http://www.ers.usda.gov/publications/efan04006/>

An article published in **June 2004** issue of *Appetite* stated "The interviews found instances where urban, low-income African American mothers of preschool children understood a construct and a question item differently from the investigators." This statement was made after the authors of this article developed and employed an instrument called the Preschooler Feeding Questionnaire (PFQ) to assess specific maternal beliefs and practices about child feeding perceived to be associated with the development of obesity in children. However, the results did not reveal consistent associations between the practices assessed and the weight status of preschool-age children. The article describes a study to assess question interpretation and the presence and relevance of particular feeding constructs.



The PFQ assesses **eight factors perceived to be related to childhood obesity**, including (1) difficulty in child feeding, (2) concern about child overeating or being overweight, (3) pushing the child to eat more, (4) using

(Continued on page 4)



food to calm the child, (5) concern about the child being underweight, (6) the child's control of feeding interactions, (7) structure during feeding interactions, and (8) age-inappropriate feeding. For more information about this study check out the June edition of "Appetite." Jain A, Sherman SN, Chamberlin LA, et al. 2004. "Mothers misunderstand questions on a feeding questionnaire." *Appetite* 42 (3):249-254. For more information about child and adolescent nutrition visit the Bright Futures Web site at: <http://www.brightfutures.org/nutrition/about.html> Or the Maternal Child Health Knowledge Path at: http://www.mchlibrary.info/KnowledgePaths/kp_childnutr.html

Bill Would Improve Dental Care for Disadvantaged Children. Legislation introduced in the U.S. House of Representatives June 22 by a member of Congress who is a former practicing dentist would provide federal financial support under Medicaid and SCHIP (State Children's Health Insurance Program) to states that improve access to dental care and make sure that dentists are adequately reimbursed for children's dental services. For more information visit: http://www.healthinschools.org/2004/jun29_alert.asp



Childhood Obesity can impact a child's mental health! To learn more about an article written by the American Psychiatric Association visit: http://www.psych.org/news_room/press_releases/childhoodobesity92903.pdf

Many Mentally Ill Children Are Incarcerated, Congress Is Told: A report requested by members of Congress found that 15,000 children with mental illnesses were improperly incarcerated in detention centers in 2003 because of a lack of access to treatment, and that some of the detained children were younger than 11 years of age. For more information visit: <http://www.>



healthinschools.org/2004/july14_alert.asp

Healthy K.I.D.S. (Knowledge Improving Diet and Strength), a health education program for middle school children focuses on exercise and nutrition. Supported by a grant from Metropolitan Life Foundation and developed by clinicians from The Children's Health Fund National Children's Health Project Network, and Healthy K.I.D.S. is designed to address the increasing rate of obesity in children. It provides children and the adults in their lives with simple and culturally appropriate tools to make positive lifestyle changes. The project consists of quarterly newsletters in English and Spanish that contain fun, age appropriate activities and information. Newsletter content is suitable for children of all backgrounds, and may be used for individual or classroom nutrition education. These materials are available in a ready-to-use format on the Healthy K.I.D.S. Resource Page at: <http://www.childrenshealthfund.org/>



Recommended Childhood Immunization Schedule, July-December 2004: The only change in the Recommended Childhood and Adolescent Immunization Schedule for the last six months of this year has to do with influenza vaccine for infants and children up to two years of age, for whom annual vaccination is now recommended. To find out more information visit: http://www.healthinschools.org/2004/july16_alert.asp



Recent increases in the use of psychotropic medications by children and adolescents, limited information on the benefits of these therapies for children, and concerns about the adverse consequences of certain drugs have prompted a growing disquiet. The Center for Health and Health Care in Schools has developed a fact sheet summarizing recent research and suggesting implications for school-based health care. A pdf version is now posted on the Web site: <http://www.healthinschools.org/sh/psychotropic.asp>



Kids in America: 500 Years of Change If you're interested in history, you'll find lots to explore in the Connect for

Kids "500 Years of History" timeline. Scroll down and look on the right on our homepage. To visit and learn more about forces that have shaped American childhood visit: http://www.connectforkids.org/resources3139/resources_show.htm?doc_id=194048



New Indicators from the Child Trends Databank!

After-School Activities: In 2001, over a third of children in kindergarten through eighth grade participated in after-school activities, with the largest percentage participating in sports, followed by religious activities and the arts.

Male Infant Circumcision: Male infants born in the Midwest region of the United States were two - and-a-half times more likely than male infants born in the West to have been circumcised in 2002.

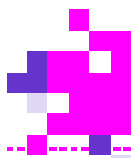
To view these new indicators and updates on birth and fertility rates, late or no prenatal care, teen abortions, teen pregnancies, and number of children, visit our Web site at <http://childtrendsdatabank.org>.

This week the Children's Defense Fund (CDF) released **The State of America's Children 2004**, which provides a comprehensive examination of how children are faring in our country. The book paints a troubling picture--based on the most recent statistical data and analyses--of an unacceptably high number of children who are still being left behind. For example:

✎ 9.3 million children lack health insurance; yet six million of these uninsured children are eligible for Medicaid or the State Children's Health Insurance Program (CHIP) under current law.

To order the publication online, go to <http://www.cdfwebstore.com>





The National Campaign to Prevent Teen Pregnancy is pleased to announce the release of the latest version of their fact sheet, **Dads Make a Difference**. The fact sheet reminds fathers and colleagues alike of the important role fathers can play in the prevention of teen pregnancy. Please distribute this fact sheet to all who you think may be interested. A PDF version of the fact sheet can be found at: <http://www.teenpregnancy.org/resources/reading/pdf/DadsMakeADifference.pdf>.



Survey Sees Limited Progress in Preventing Smoking by

Teenagers: The prevalence of regular cigarette smoking by teenagers is down from the late 1990s, but not enough to be meet hoped-for health goals, and "Prevention efforts must be sustained" to make sure even the limited progress continues, the Centers for Disease Control and Prevention (CDC) said. http://www.healthinschools.org/2004/jun18_alert.asp

High School Curriculum Joins Garfield Star Sleeper Campaign in Promoting Healthy Sleep for Adolescents and Children - and It's FREE:

The Office of Science Education and National Heart, Lung, and Blood Institute (NHLBI), NIH have developed a new supplemental curriculum for use in high school biology classes. The free curriculum, "Sleep, Sleep Disorders, and Biological Rhythms," which meets National Science Education Standards, encourages students to explore the scientific processes of sleep, the importance of adequate sleep, and the negative consequences of sleep deprivation. Students begin by keeping a "sleep diary" to study their own sleep habits and learn about the rhythmic nature of sleepiness, and treating sleepiness in adolescents. "Sleep, Sleep Disorders, and Biological Rhythms," can be downloaded free as a pdf from <http://science.education.nih.gov/supplements/nih3/sleep/default.htm>



Star Sleeper educational materials, <http://starsleep.nhlbi.nih.gov>. Other educational materials on sleep and sleep disorders, as well as NIH sleep research are available at <http://www.nhlbi.nih.gov/sleep> or can be ordered through the NHLBI Health Information Network, P.O. Box 30105, Bethesda, MD 20824-0105 (301) 592-8573.



Teen Aware: Sex, Media and You. Explore the use of media literacy as a strategy for abstinence education. Based on

Washington's nationally acclaimed Teen Aware Project, this site offers a vast collection of curriculum resources for adults working with teens in this mediated world. Visit: <http://depts.washington.edu/taware/>



CHHCS announces new fact sheet on **children, youth and**

psychotropic drugs: Recent increases in the use of psychotropic medications by children and adolescents, limited information on the benefits of these therapies for children, and concerns about the adverse consequences of certain drugs have prompted a growing disquiet. The Center for Health and Health Care in Schools has developed a fact sheet summarizing recent research and suggesting implications for school-based health care. A pdf version is now posted on the Web site; an html version will follow shortly. <http://www.healthinschools.org/sh/psychotropic.asp>.



outlines the **Recommended Childhood and Adolescent Immunization Schedule** - United States. The chart has been updated with recommendations for July-December 2004 and can be viewed online at <http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>.

CDC's National Immunization Program (NIP) publishes a chart in English and Spanish that



VERB Appreciation Day Kit Available for Teachers, Youth Program Leaders

With VERB Appreciation Day you and your class or youth group can pick a VERB and

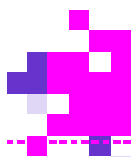
have fun with it throughout the day, planning activities that include the chosen VERB. A free kit from CDC (while supplies last) will tell you how. The kit serves 100 tweens and includes signage, premiums and guidelines for use: <http://www.cdc.gov/youthcampaign/materials/tweens/index.htm>



Abstinence and Contraceptive Use Making Nearly Equal Contributions to Declines in Teen

Pregnancy. New research published today in the August 2004 issue of the Journal of Adolescent Health indicates that abstinence and contraceptive use have both made roughly equal contributions to the overall decline in teen pregnancy between 1991 and 2001. The new research attributes 53 percent of the decline in pregnancy rates for youth ages 15-17 to decreased sexual experience and 47 percent to improved contraceptive use. For more information on the study, please visit the Campaign's Web site at <http://www.teenpregnancy.org>.

From Kaiser Family Foundation: There is a gap between what teens think they know about contraception and protection and what they actually know, according to a new national survey of more than 500 15-17-year-olds by *Seventeen Magazine* and the Kaiser Family Foundation. This survey on knowledge and attitudes about birth control and protection among adolescents is highlighted in an article in the August issue of *Seventeen Magazine* on newsstands this week. Visit <http://www.seventeen.com/sexsmarts> to read the monthly columns and other resources developed for the campaign. To read the survey summary, please visit our Web site at <http://www.kff.org/entpartnerships/7106.cfm>.



Zips: Public Health

Be thankful for what you have; you'll end up having more. If you concentrate on what you don't have, you will never, ever have enough.

Oprah Winfrey



AMA, Medical Journals Call for Disclosure on Drug Trials:

The American Medical Association today joined the editors of some of the nation's most prestigious medical journals in calling for the federal government to create a database in which all clinical trials of new drugs would be registered at the start of the trials. If you would like to view more information about this topic visit: http://www.healthinschools.org/2004/jun16_alert.asp



The June/July 2004 issue of

CLASP Update, published by the Center for Law and Social Policy, is now available online: http://www.clasp.org/DMS/Documents/1088086587.34/JunJul04_Update.pdf



The U.S. Consumer Product Safety Commission (CPSC)

currently is intensifying its efforts to reduce the rate of child drowning deaths, and deaths and injuries due to entrapments in pool and spa suction outlets. A hearing in Tampa on June 21 was part of this effort. CPSC invited local, state and federal legislators, building code officials, emergency first responders, community groups, interest groups, and leaders of the pool and spa industry to attend the hearing and provide their recommendations to the Commission. For more information visit: <http://notes.edc.org/hhd/csn/csnnews.nsf/2b25fc4af0c547ff8525679f00542f1f/b3ec7650a7d0585485256ec4006e0909?OpenDocument>



The National Conference of State Legislatures

updated a web-based resource titled "**Childhood injury prevention laws.**" Includes laws related to crib, toy and playground safety, swimming pool safety, poison prevention, amusement park safety, and traumatic brain injury. To find out more information visit: <http://www.ncsl.org/programs/health/ciplaws.htm>



MATERNAL & CHILD HEALTH
POLICY RESEARCH CENTER

Children Not the Target of Major Medicaid Cuts But Still Affected by States' Fiscal Decisions,

a new fact sheet produced by the Maternal and Child Health Policy Research Center, provides information on the extent of state Medicaid policy changes affecting children in states' fiscal years 2003 and 2004. The fact sheet is part of the Center's Program Impact Series and includes information on changes affecting Medicaid (as opposed to those affecting Medicaid State Children's Health Insurance Programs exclusively). The authors obtained current information by examining managed care contracts, provider bulletins, and Medicaid state plan amendments submitted to the Center for Medicaid and Medicare Services. In addition, they conducted extensive telephone interviews with senior Medicaid staff. The authors discuss eligibility, managed care, enrollment, benefits, authorization, cost sharing, fee-for-service provider payments, and home- and community-based waivers. To view and download this fact sheet visit: <http://www.mchpolicy.org/documents/MedicaidreportJune2004.pdf>



CDC Announces Major Reorganization:

The Centers for Disease Control and Prevention (CDC) this week announced a reorganization that is intended to better coordinate CDC activities and improve the agency's "impact on the health of the American people." For more information visit: http://www.healthinschools.org/2004/july09_alert.asp

The **Education Trust** has launched a bilingual Web site to reach the 40 million Latinos who constitute the largest and fastest growing minority in America. The site provides reports and resources on achievement disparities and tools for communities to bridge the gaps. For more information visit: <http://www.edtrust.org/edtrust/spanish>

The first edition of the "**CPS Issue Report**," a new publication from the Academy of Pediatrics, Children's Hospital of Philadelphia, and State Farm, focusing on the importance of booster seat use can

be found at the following Web site:

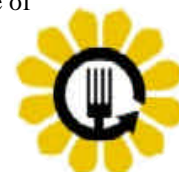
http://www.chop.edu/traumalink/download/2004/pcps_cpsreport.pdf



KDHE Immunization Web Page <http://www.kdhe.state.ks.us/immunize/resources.html>

The July Issue of the **Kansas**

Nutrition Network's newsletter can be found online at: http://www.kansasnutritionnetwork.org/newsletters/knn_july04.htm



BRFSS

The Centers for Disease Control and Prevention (CDC)

has announced the release of the **2003 Behavioral Risk Factor Data**. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based monitoring system which collects information on health risk behaviors, clinical preventive health practices and healthcare access from all 50 states, as well as the District of Columbia and US Territories. Through the largest telephone-based surveillance system in the world, the BRFSS collects over 200,000 interviews annually. The 2003 BRFSS results are available as Interactive Databases found on the web at: <http://www.cdc.gov/brfss>.

Rural Health Resource Center

The Rural Health

Resource Center has created a Rural Health Resource Directory including consultants, organizations, and speakers located throughout the United States who provide services to rural hospitals, clinics and other healthcare organizations. The Directory is available online and free of charge to anyone looking for a rural consultant or other technical expert. For more information including the directory application visit the Web site at: <http://www.ruralcenter.org/consult> or contact Vicki Trauba at (218) 727-9390, extension 223 or mailto: vtrauba@ruralcenter.org.



Forum Guide to Protecting the Privacy

of Student Information: The Forum Guide to Protecting the Privacy of Student Information gives a general overview of privacy laws and professional practices that apply to the information collected for, and kept in, student records. This valuable resource is available online at, <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2004330>



The July issue of Health and Health Care in Schools is online.

In this issue:

- ✂ Congress Gives Schools Two Years to Improve Nutrition/Wellness
- ✂ Examining the Tragedy of Youth Suicide
- ✂ Are Schools a Factor When Parents Refuse Immunization?
- ✂ Young Teens and Emergency Contraception-the Debate Continues
- ✂ New Centers Seek Ways to Prevent Type 1 Diabetes

Read the e-journal at: <http://www.healthinschools.org/ejournal/ejournal.htm>



A new fact sheet on Childhood

Vision issues has been posted on the Center for Health and Health Care in School's Web site. This research summary includes prevalence data, vision problem warning signs, a comparison of vision exams and vision screenings, as well as recommendations on how schools, parents and communities might respond. <http://www.healthinschools.org/sh/visionfs.asp>

Did you know that students are doing great things in their communities?

Forty-four percent of young adults report participating in an unpaid volunteer or community service activity in high school. Source: Volunteer Service by Young People from High School through Early Adulthood. National Center for Education Statistics: Statistics in Brief. December, 2003.

PEDIATRICS

AAP announces their policy statement on "School-Based Mental Health Services" and can be viewed in: PEDIATRICS Vol. 113 No. 6 June 2004, pp. 1839-1845 or visit: <http://pediatrics.aappublications.org/cgi/content/full/113/6/1839>



The U.S. Environmental Protection Agency is pleased to announce the launch of **Indoor Air Quality (IAQ) DESIGN Tools for Schools**. This new web-based resource contains innovative recommendations and tools to help communities and design professionals integrate good indoor air quality practices into the design, construction, renovation and operation and maintenance of K-12 school facilities. Practical, cost-effective actions ranging from walk-off entry mats to advanced ventilation systems can reduce contaminants in schools and help protect the health of children and staff while providing energy efficient comfort. Click on the attached flyer for more information: <http://www.epa.gov/iaq/schooldesign/>



Congress wants the nation's schools to shape up.

A bill reauthorizing the federal school lunch program will require every school district in the country to establish policies for improving the health of kids, including nutritional guidelines for the foods sold on school grounds. Lawmakers hope the standards will help control the growing obesity problem among kids. "This has simply got to become a national priority," said Sen. Tom Harkin, D-IA. "Junk food has become pervasive in our schools." The House gave final congressional approval to the bill Thursday. It now goes to President Bush for his signature. To view more information about this issue visit: <http://desmoinesregister.com/apps/pbcs.dll/article?SearchID=73175725116047&Avis=D2&Dato=20040625&Kategori=LIFE02&Lopenr=406250344&Ref=AR>



FIGHT CRIME: INVEST IN KIDS

When the school bell rings, millions of American children and teens are out on the street without adult supervision and constructive activities. On school days, the hours from 3-6 p.m. are the peak hours for teens to commit crimes, be the victims of crimes, be in a car accident and smoke or use drugs. These are some of the findings in a new report entitled "America's Afterschool Choice: Juvenile Crime or Safe Learning Time." The report says quality youth development programs can cut crime dramatically and lead to academic enrichment for teens. For more information, and to download the report, visit the Fight Crime: Invest in Kids Web site: <http://www.fightcrime.org/>



Federal Laws May Give Students Right to Carry Asthma Medication:

Schools that do not allow students with asthma to carry inhalers and self-medicate to prevent asthma attacks may be in violation of one of three federal laws intended to prevent discrimination against persons with disabilities, according to a report from the Division of Adolescent and School Health (DASH) in the Centers for Disease Control and Prevention (CDC). http://www.healthinschools.org/2004/july07_alert.asp

Nickelodeon "Let's Just Play" Grants Program:

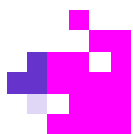
"Let's Just Play" Grants of \$5000 to \$10,000 can help schools and after-school programs create or expand opportunities for physical play. For more information about this grant visit: <http://www.healthinschools.org/grants/ops167.asp>



September 2004 is National Youth Court Month.

This year's theme is "Serving Communities, Changing Lives." The National Youth Court Month Action Kit is available online at: http://www.youthcourt.net/12-month_campaign/2004_YC_Month/2004_ActionKit.pdf

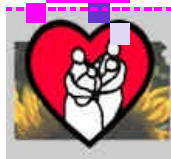




ZIPs: Events and Resources

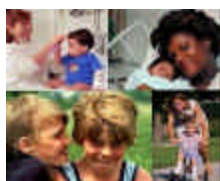
Anywhere is walking distance, if you've got the time.

Steven Wright



The Fifteenth Annual Conference of the Perinatal Association of Kansas, "Crucial Steps Toward Promoting

Maternal/Child Health" will be taking place September 15 at Stormont-Vail HealthCare's Pozez Education Center in Topeka, Kansas. For additional information about the conference or the Perinatal Association of Kansas go to: <http://www.kspak.org>



Healthy Start Home Visitor Trainings:

The fall Healthy Start Home Visitor Trainings are coming to an area near you. This fall the trainings are scheduled from 9:00 a.m. until 3:00 p.m. The morning session will include a presentation on the Farm Worker Migrant Health Program and how to access it. Also, a presentation on the benefits of breastfeeding is planned. As in the past year or so, the trainings will be held in six different communities who have agreed to sponsor a meeting room for our trainings. These communities are located within six previously designated geographical areas of the state. Generally, those areas are Southwest, Northwest, South Central, North Central, Southeast and Northeast. In order to access the flyer for the Healthy Start Home Visitor Fall Regional Training 2004 go to: <http://www.kdhe.state.ks.us/bcyf/c-f> Next, click on Healthy Start Home Visitor in the left-hand side of the web page which will take you directly to the flyer. If you have any questions regarding the information in this article regarding the Healthy Start Home Visitor Program, please contact either Christine Tuck, RN, BSN, MS, CSN or Joseph Kotsch, RN, BSN, MS as noted in this newsletter.



Initial Orientation to KAN Be Healthy: RN Classroom

Training: In order for RNs to provide KBH screening services they must attend the Initial Orientation to KBH. Upon

completion, registered nurse attendees will be considered trained KBH screening providers. Wednesday, September 29, 2:30-6:30 PM. Capital Plaza Hotel, Manor Conference Center, Homestead Room 1717 SW Topeka Blvd. Topeka, KS. Please pre-register by calling 785-231-1010 ext 1399 or on-line at <http://www.washburn.edu/ce/kbh> Deadline to register is September 22. This is one of three ways to obtain the RN training. Other training options include: independent self-study and web based study. The Initial Orientation to KBH: RN Training offers four contact hours. Cost is \$50.00

Denver II Fortieth Master Instructor Training – October 14-15 at the Warwick Hotel, Denver, Colorado. The training consists of two days of instruction for those who wish to administer the DENVER II and/or become Master Instructors, training others in the use of the DENVER II. No previous training in the DDST or DENVER II is required. This training will be offered for all levels of expertise. The registration fee is \$395 which includes: all required materials, two continental breakfasts, and two luncheons. Workshop begins with registration at 8:00 a.m., Thursday, October 14... And ends at 4:00 p.m. on Friday, October 15. A special group rate of \$114, single or double occupancy, is being offered by the Warwick Hotel – Denver. To make reservations call: 1-800-525-2888 and mention DENVER DEVELOPMENTAL MATERIALS to ensure the special rate. Hotel reservations must be made no later than September 3. For questions about the October training call: 303-355-4729 or 800-419-4729.



The School of Health Sciences at Winston-Salem State University is hosting Faces of a Healthy Future: National Conference to End Health Disparities

from September 27-29 in Winston-Salem, North Carolina. Invited keynoters include HHS Secretary Tommy Thompson, NCMHD Director John Ruffin, and Dr. Ben Carson (confirmed), among others. For complete details on the conference, please visit the

conference Website at: <http://www.fhfconference.com/> and follow the links to the registration form, or call toll-free 1-877-669-1763. Act quickly, as early bird specials end August 16.

ED.gov Technology & Media Services for Individuals with Disabilities Grant Opportunity:

Purpose of Program: (1) Improve results for children with disabilities by promoting the development, demonstration, & use of technology; (2) support educational media activities designed to be of educational value to children with disabilities; (3) provide support for some captioning & video description; & (4) provide cultural experiences through appropriate nonprofit organizations. Applications Available: June 25. Deadline for Transmittal of Applications: July 30. Eligible Applicants: State educational agencies (SEAs); local educational agencies (LEAs); Institutes of Higher Education (IHEs); other public agencies; nonprofit private organizations; outlying areas; freely associated States; Indian tribes & tribal organizations; & for-profit organizations. To find out more information about this funding opportunity visit: <http://www.ed.gov/legislation/FedRegister/announcements/2004-2/062504c.html>

The Ruddle Memorial Youth Foundation

funds programs that promote scholastic, professional, athletic and/or other excellence in youth younger than 25 years old; that provide youth with new opportunities for personal growth and success in the United States and abroad; and that are innovative and have a replicable service concept. Evaluation grants fund outcome evaluations of innovative and replicable programs for underprivileged youth. Replication grants fund the replication or dissemination of programs that have demonstrated substantial outcomes, through rigorous evaluation, of their innovative services to underprivileged youth. Application deadline: September 1! For more information visit: <http://www.rmyf.org/grants.cfm>

